

**SALARY RESERVE FY 2007  
REQUIRED 1 - Summary Survey**

***THIS SURVEY WILL BE USED TO DETERMINE YOUR 2008 ALLOCATION***

PROVIDER ORGANIZATION NAME: \_\_\_\_\_

FEIN: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

By submitting this information in the Provider Data Management service, I certify under the pains and penalties of perjury that the information reported below is accurate and complete to the best of this organization's knowledge.

				PROGRAM TOTAL		STATE CONTRACT SHARE FOR ALLOCATION	
<i>Use payroll closest to July 1, 2007</i>				5	6	7	8
1	2	3	4	5	6	7	8
FY 2006 Contract Number	Dept.	FY 2008 MMARS Activity Code	Accounting Line Number	FY 2008 Full-Time Equivalents Earning less than \$40,000 in Program	Annual Salaries of Employees Earning less than \$40,000 in Program	Percentage of Program Purchased by Contract	Annual Salaries Less than \$40,000 Attributable to this Contract and Program
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							